

Women -- Journal articles -- Part 5

Left Caucus Newsletter 1985-1993 – Choice on Abortion and Women’s Rights

Published by the Steering Committee of the ONDP Left Caucus

Retrospective files:

1965: “Women’s Rights:” on: Wage and labor discrimination; Divorce, Abortion
(Socialist Caucus being the precursor to the Left Caucus)

1974-1a “Day Care -- a contribution (Patricia) Schulz (member of the S.L.)
1974-1b p2-“This situation has created a demand...”
1974-1c p3- “In Ontario generally only municipalities can afford...”
1974-1d p4- “...to keep wages close to the minimum wage level...”
1974-1e p5- “This approach fails to note the differences...”
1974-1f p6- “...(more) centres the top priority demand...”
1974-1g p7- (conclusion) July 5th, 1974
1975: “Suppose you were accused of a serious crime...”
1986: Notice of Ontario NDP Left Caucus public forum “Pay equity”

Left Caucus Newsletter

1987 LC News, Feb.Vol. 2 No. 1: “NDP must defend right to choose” (on abortion)

1988-1 LC News, Feb-March No. 3: “Victory for woman’s right to choose mvt.” (RD)

1988-2a LC News, Nov. No. 4: “NDP is the only choice for women” by Lois Bedard
1988-2b Page 2 - Action Committee on the Status of Women

1989-1 LC News, March, Vol. 3 No. 1: “Feminist challenge to NDP women” (by LB.)
1989-2a LC News, Summer, No. 2: “Women’s panel at L.C. conference” (by LB.)
1989-2b Page 2 -- “On sexual harassment” by Lois Stuart
1989-3a LC News, Oct-Nov. No. 5: “NDP must be voice for abortion choice”
1989-3b Page 2 -- Fight against abortion (re-)criminalization”

1992-1a LCNews, Summer, Vol. 5 No. 1: “Health care reform threatens women” (LB)
1992-1b Page 2 --Health care reform
1992-1c Page 3 -- “Make RU-486 available in Canada”
1992-1d Page 4 -- Support abortion pill campaign

WOMEN'S RIGHTS

N.D.P. Socialist Caucus fact sheet

WAGE AND LABOUR DISCRIMINATION

- 1) One third of adult Canadian women are in the labour force.
- 2) Almost 30% of the whole labor force are women.
- 3) The 1st and 2nd World Wars destroyed the myths concerning which occupations were not suitable for women and they performed extremely well in the male occupational stronghold.
- 4) Women are considered the captive consumers of business interests, who perpetrate the traditional concept of family with the woman at home. A huge percentage of advertisements are geared to the woman in the home. e.g. MacFadden of MacFadden Publications Inc., in giving tips to advertisers on advertising strategy says, "...The wife of working class America looms as a massive ally for the national manufacturer." He goes on to say "Show that you know that she is the 'family purchasing agent' and 'Don't intimate that such a product will give her time to go out as this downgrades her personal worth as a housekeeper for the family'" and "Women buy products to become part of the 'common man group'; the great mass o Americans that she considers as ideal and stable."
- 5) Not only are women's wages, on the whole lower than those of men, but their actual earnings are less;

CENSUS TAKEN IN 1961 OF FEMALE WORKERS

- I) $\frac{1}{4}$ of the earning group earned less than \$1,000
- II) $\frac{1}{2}$ earned less than \$2,000
- III) 7% 4,000 or over

- The comparison of men's and women's incomes indicates that incomes of individual men tend to be roughly double those of women.

- 6) There are virtually no day care centres available to those women who need them most, the working class mother.
- 7) Three provinces, Alberta, British Columbia and New Brunswick have laws of general application governing maternity leave for women workers.
- 8) Equal pay laws have been enacted in seven provinces; Alberta, British Columbia, Nova Scotia, Ontario, P.E.I. and Saskatchewan. But it is almost impossible to contest violations as most women are not protected by unions and therefore the laws have been virtually not implemented.

- The Federal Parliament passed equal pay legislation in 1956 for federal employees

- 9) In any case, work has to be evaluated whether it is equal or not to that of men. This makes it difficult for women in jobs geared specifically to women.
- 10) Minimum wage laws are the same for both sexes in Alberta, British Columbia, Manitoba and New Brunswick and Quebec and Saskatchewan. By the end of 1965 there will be a minimum rate of \$1 per hour in Ontario for both sexes.

DIVORCE

Adultery is the only grounds for divorce in Canada, even then it is expensive and a lengthy procedure. It is often beyond the means of many couples, forcing them to live together in a state which affects the social and emotional adjustment of both the couple and their children as the case may be.

ABORTION

The law decrees that no one shall terminate a pregnancy unless the actual physical life of the woman is in danger.

-- established to protect the life of the unborn infant.

-- philosophy that a minute piece of protoplasm is of more intrinsic importance than the well-being of the woman who bears it.

The LSA/LSO brief to the Royal Commission on the Status of Women, presented in 1968 contained this section:

"Woman must be freed from her traditional responsibilities for the child. The child has the right to everything that society can provide, regardless of the resources of the parents. Parents should not be burdened with providing for the child but every facility should be available for the full development of the child. A far reaching system of government-financed facilities including nursery schools and day care centers must be established. In this way those women who prefer employment outside the home would be able to seek it. Those who prefer to be homemakers should receive a wage from the state. The family, through the imposition on its slender resources of the responsibilities of society as a whole, has taken on many of the forms of a prison. With the implementation of these propositions, the family could freely evolve into a harmonious relationship between human beings."

This position is, of course, completely within the Marxist tradition. In *Origin of the Family Private Property and the State*, Engels wrote:

"With the transfer of the means of production into common ownership, the single family ceases to be the economic unit of society. Private housekeeping is transformed into a social industry. The care and education of the children becomes a public affair; society looks after all children alike..."

Because we see the nuclear family as a phenomenon characteristic of class society, it is logical to project its disappearance with the disappearance of classes. Developments in China and Cuba have borne out this prognosis to a limited extent. Specifically, the nuclear family has served to foist upon the Proletariat the responsibility not only for their own maintenance, but also for that of the next generation. The profoundly conservatizing effect of that responsibility has been frequently analyzed.

One of the repercussions of the nuclear family is the oppression of women. The evolution of the role of the family has resulted in changes in women's roles. The development of industrial production has replaced the handicraft production that took place in the home. No longer do households produce their own clothing, bedding, rugs, soap, medicine, preserved foods, butter or garden products. The amount of labor involved in cooking, laundry and cleaning has been substantially reduced. Child care and the education of children has been taken out of women's hands to some degree by the development of free and compulsory education commencing between the ages of four and six. Women are having fewer children - partly because of the development of birth control and abortion techniques. But, the development and proliferation of those techniques only became possible when society's attitudes changed regarding family size. The need for a more highly skilled work force, combined with the declining need for rapid population growth, facilitated this change in attitude.

All of these developments have made it possible for women to leave our individual homes and participate in social production. Shortages of labor in wartime, the development of white collar and service industries, the inability of the working class to acquire necessities and luxuries in a period of rising expectations on one salary, the high divorce rate; all have provided incentives and in many cases actually forced women into the work force.

While these developments have given women some small measure of financial independence (to the extent that workers of either sex can be considered to have financial independence under capitalism) and is for many women a more socially satisfactory way of life, it has left us doubly exploited. In addition to a normal work load in industry, the provision of services to the male members of the work force, the care of the children under school age and the care of all the children outside of school hours, remains our responsibility.

SUPPOSE YOU WERE ACCUSED OF A SERIOUS CRIME...

You were tried by a jury of your peers and to your relief you were found innocent TWICE.

Would you expect to be in prison now?

Dr. Henry Morgentaler has been acquitted twice on the same charge, both times after exhaustive jury trials. The first acquittal was on November 13, 1973, after which the Quebec Court of Appeal, using a loophole in Canadian law which has never before been exercised, reversed the jury's verdict and declared that Dr. Morgentaler was guilty of the charge. On March 26, 1975, the Supreme Court of Canada upheld the Quebec court's right to this unprecedented action and

confirmed a sentence of 18 months, which Dr. Morgentaler began serving. On June 9, 1975, another jury acquitted Dr. Morgentaler at another trial. He is still in prison.

We protest this violation of a principle of justice which dates back more than seven hundred years to Magna Carta. If the decisions of juries are meaningless, Canadian justice has lost its bedrock.

We ask Parliament to restore the jury system, to recognize the voice of the people which it represents.

We ask that Dr. Henry Morgentaler be given his freedom.

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This protest in no way reflects the views of its sponsors on the issue of abortion. It is a plea for the civil rights of all Canadians. If you wish to support this appeal, send a letter or telegram to Prime Minister Pierre Trudeau.

To support further advertisements in newspapers across the country send your name and donation to
Amnesty for Dr. Morgentaler Committee, #701, 99 Avenue Road, Toronto.

PAY EQUALITY A SOCIALIST, FEMINIST, PERSPECTIVE

Featuring a Panel of Analysis & Discussion:

• **Frances L**

Vice-President of the Ontario NDP; president of Beaches-Woodbine NDP riding; long-time member of the Equal Pay Coalition; member of the OFL Women's Committee

• **Diane M**

Executive member of York-Centre NDP riding; NDP candidate in the 1985 provincial election; co-chairperson of New Democrats to Preserve Public Education; Educational Coordinator of the Ontario NDP Left Caucus.

• **Richard J**

MPP, Scarborough West and Chairperson of the Ontario Legislature's Standing Committee on Social Development.

THURSDAY, APRIL 10, 7:30 p.m.

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(Between St. George & Spadina, basement—side door)

One of a series of ongoing public forums sponsored by the
ONTARIO NDP LEFT CAUCUS

For further information, contact Box 92, Stn. G, Toronto M4M 1H0

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Left Caucus newsletter

Published by the Steering Committee
of the

NDP Left Caucus
c/o 58 Athabasca Rd
Toronto, Ontario
M6H 2K3



February, 1987
Vol. 2, No. 1

NDP MUST DEFEND RIGHT TO CHOOSE

Judy Rebick
Oakwood

A resolution calling on the federal New Democratic Party to launch a campaign to repeal the abortion law has been passed by several ridings and will appear in the resolutions book at the federal convention.

The resolution which asks all provincial governments to drop outstanding charges against doctors performing abortions under safe medical conditions and to legalize free-standing clinics has also been passed by both Ontario and BC Women's Rights Committees.

At the last federal convention, a resolution condemning the Manitoba government for busting the Morgentaler Clinic was kept off the floor. Thus the federal NDP has not taken a strong stand as a party since the abortion rights struggle heated up four years ago.

The situation facing women is critical across the country. We now have three provinces where it is virtually impossible to get access to an abortion. Doctors in Alberta are refusing to perform abortions until the government increases the medicare rates for the procedure. As a result women in Alberta are joining women in Newfoundland and PEI in being forced to go out of province to get abortion services.

In BC a new coalition to establish a free-standing clinic has just been founded. The BC Women's Rights Committee is deeply involved in the coalition. The Supreme Court decision on the Morgentaler jury acquittal in Ontario is expected this spring.

In light of these developments a strong resolution making clear the party's unequivocal support for women's right to choose, for free-standing abortion clinics, and in support of the struggle of women across the country for abortion rights would be very timely. In light of past experience, it may take considerable organization to get a strong resolution onto the floor of the convention. It is vital that the abortion issue be a priority of both the left and the women's committees in the party.

Left Caucus Newsletter

Feb.-March 1988
Vol. 2 No. 3



Published by the Steering Committee
of the
CNDP Left Caucus
Station M, Box 107
Toronto, Ont. M6S 4T2

Bally to CNDP Left Conference

Victory for women's right to choose movement

By Ross Dowson

St. George-St. David

When the judges of the Supreme Court of Canada upheld by a decisive majority all the basic arguments of the Right to Choose movement in its 20-years struggle to remove abortion from the Criminal Code in the Morgentaler case, ruling that the legislation threatened the health of women by causing arbitrary delays and unfair disparities in access to abortion across the country, there was widespread jubilation. But there was no joy in the ranks of the federal government. Over the past year, they have been pillars of law and order in using their authority to implement laws under threat of harsh penalties for noncompliance, to drive striking postal workers back on the job, and violate the basic democratic right of the railway workers to strike.

But not when it came to dealing with the BC premier's defiance of the Supreme Court. By their silence in the face of BC Premier Vander Zalm's arrogant challenge that his government will no longer fund abortion unless a woman's life was at peril, the federal government has

emboldened other provincial governments to violate the court's ruling. Only Ontario and Manitoba have agreed to finance all abortions in their jurisdictions whether in hospitals, clinics or doctors' offices.

The NDP through MP and former party president Marion Dewar has urged the government to immediately stop all federal funds going to provinces that refuse to follow the Supreme Court judgment and thereby violate the principle of universality in the Health Act.

On Feb. 9, Justice Minister Hnatyshyn broke his silence to announce that he will be introducing another, a new abortion law -- ominous news indeed in the light of comments from prominent Tory sources about the rights not of the woman who bears it, but of the foetus which, if carried through to term becomes a child and the responsibility of the mother to raise and care for regardless of her circumstances. CARAL one of the key forces in the struggle against the old law has declared that it will fight all laws dealing with abortion through the courts and in popular demonstrations.

Left Caucus newsletter

November 1988
Vol. 2 No. 4



Published by the Steering Committee
of the
ONDPA Left Caucus
Station M, Box 107
Toronto, Ont. M6S 4T2

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NDP is the only choice for women

By Lois Bedard
High Park-Swansea

Women owe it to themselves and to Canada to vote for the only party that has consistently led and supported all progressive legislation affecting women's equality. Women are 52% of the population and more women vote than men. Statistics show that women tend to vote in greater numbers than men for social equality issues. To win women's equality is to work to free men from their chauvinistic chains. Thus a great many women vote for the New Democratic Party that began the fight against the Mulroney Free Trade Deal in Parliament and has continued to fight it along side the women's movement and labor on the hustings today.

The Liberals and Conservatives understand the problems. Ontario Liberal cabinet minister Chaviva Hosek knows the women's movement and even gave high praise to the NDP when she was president of the Na-

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NDP is the only choice for women

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tional Action Committee on the Status of Women, but has developed obligations to her corporate backers. The NDP and its precursor the CCF, since the days of Canada's and the CCF's first woman parliamentarian, Agnes McPhail, have led the struggle together with working men and women.

Former NDP MP Pauline Jewitt carried a heroic battle in the Commons for an independent foreign policy for Canada against Cruise Missiles, NATO and NORAD, and against nuclear powered subs for Canada.

Former NDP MLA Rosemary Brown continues to fight for socialist policies against the "feminization of poverty". This means no to the federal Tories' and Ontario Liberals' new regressive sales taxes and a resounding yes to indexed pensions for Canadians at work and on OAS.

Evelyn Gigantes, NDP, led the struggle in the Ontario legislature for human rights on sexual orientation. NDP MP Marion Dewar took the cross-Canada initiative when she was mayor of Ottawa to establish the Municipal Referendum for nuclear free cities. She now continues the struggle for reproductive rights and against new laws restricting a woman's right to an abortion. Audrey McLaughlin campaigned and won her seat in the Yukon by opposing the Meech Lake Accord travesty rammed through by a committee of provincial premiers and the prime minister against Canadian women, Canadian natives, the aspirations of the auton-

omous French nation of Canada and of the people of the Territories.

NDP MP Margaret Mitchell braved the jibes and hoots of Tory male members in the House in her fight against rampant sexual attacks and the battering of wives. NDP MPP Marion Bryden consistently worked on pay equity to narrow the ever-widening wage gap between men's and women's wages in a society that tends to lower all workers' real wages. NDP MPP Ruth Grier continues to fight for clean air and water, affordable housing and better plant closure laws to protect workers and their families while NDP MP Lynn MacDonald carries the struggle for fair taxation for workers, the poor and especially women -- no free income tax rides for corporate welfare bums.

One third of all NDP nominated candidates in British Columbia are women who are fighting the Conservatives and Liberals. The 84 NDP nominated women in Canada for this key 1988 election will fight with you for your Canada, more than the Canada envisioned by the Tories and Liberals. You can trust the NDP to continue to be in the vanguard for social change because it is the political spearhead of the women's groups and of the labor movement. The NDP is fighting for Canadian sovereignty for working Canadians, universal access to affordable daycare, for indexed pensions, for universal access to medicare, for reproductive rights, for constitutional rights for women and natives. NDP convention policy commits its parliamentary representatives to move to amend the Meech Lake Accord so that once again the federal government will ensure uniformly on Canadian social programs. Vote for equality for yourself, your mate, Canadian sons and daughters. Vote NDP! **Vote for NDP women only!**

Left Caucus newsletter

March 1989
Vol. 3 No. 1



Published by the Steering Committee
of the
NDP Left Caucus
Station M, Box 107

Quebec NDP as federalists

Feminist challenge to NDP women

By Lois Bedard

High Park-Swansea NDP

There is an old saying that states: "A socialist who is not a feminist lacks breadth. A feminist who is not a socialist lacks strategy." Women voters know that NDP policy best reflects their interests but they do not vote NDP in significant numbers because few NDP rank-and-file members are active participants in the social mobilizations that makes achieving the policy a reality.

NDP feminists fought and are fighting for better childcare but the grassroots female members of the NDP are in the cheering section, not committed to evolving the social mobilizations necessary to win a national non-profit childcare program. Having committed their time and energy mostly into election campaign activities, where feminist and socialist issues have been downplayed in deference to a campaign centred around the personality of the party leader, they are too busy trying to clear off the ridings' debts incurred by their candidates in the last

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ship, no leader would be detached or closeted from the candidates on the hustings and the membership in the streets. The parliamentary caucus would be responsive to the membership's criticism of the travesties of the Meech Lake Accord as it relates to women, the Indians and Metis, the Yukon and North West Territories and the francophones of Canada.

Instead of denigrating the right to choose by allowing caucus members to vote according to individual taste on abortion, in the House and on the hustings, our leaders would popularize our policy on abortion as a basic civil right. We need to lead the silent majority of Canadians on this dual policy stating "Every mother a willing mother; every child a wanted child" and "No new laws on abortions- abortion is not a criminal offence, it is a matter of personal conscience of women".

Our elected members need to speak, and to lead our membership and carry our banners in the daily rough and tumble of political actions, on the picket lines, in the union hall meetings, the riding associations and in mass mobilizations such as the International Women's Day on March 4 at U of T Convocation Hall.

In between and during elections, the membership and the elected leadership need to illustrate in action the difference between our goals as socialist leaders of the workers and the corporate leadership of the multinationals in the capitalist parties of the Liberals and Conservatives.

The NDP leadership needs to renew the roots of Canadian socialism with open political debate and consciousness-raising to give life and strength to the NDP.

Feminism and NDP

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election.

Canadians need a socialist NDP whose policies are sustained by an informal committed mass movement operating both within and outside the party.

A first priority for the rejuvenation of the NDP is to rebuild and inspire by holding exciting political riding association meetings that generate debate and vitality in the life of the party assisted by a federal NDP political newspaper.

With an informed, conscious, and active member-

Left Caucus newsletter

Summer 1989
Vol. 3 No. 2



Published by the Steering Committee
of the ONDP Left Caucus
Station M, Box 107, Toronto

Broadbent supports market

Women's panel at L.C. conference

By Lois Bedard

High Park-Swansea NDP

The ONDP Left Caucus launched the 1989 Annual Conference on Feb. 25/89 with a morning session on "Women's Struggle for Equality". Key activists on pay equity, abortion laws, child care and planning the community for women updated Left Caucus attendees on continuing struggles. Below is a synopsis of the speeches.

Julie Davis, Secretary-Treasurer of the OFL, announced that a major priority for the Federation is their campaign around pay equity since the 1988 Ontario Pay Equity Law (Bill 154) excludes over one million women (largely immigrant and visible minority) who work in traditionally female low-paid sectors of the economy.

The labor movement and the Equal Pay Coalition have proposed specific steps the government could take to address the problem in the private sector:

- * extend coverage to workplaces of less than 10
- * include all casual workers
- * expand the definition of establishment to a corporate rather than geographic structure
- * allow proportionate comparisons where equal value comparisons are not possible
- * allow the same timetable of payouts for these other women as is presently in the Act.

In the public sector, Ms Davis argues for:

- * the government to earmark additional funds to cover pay equity for all publicly-funded agencies
- * specific proposals for broadening the definition of establishment and allowing for pay equity adjustments for groups like day care workers, library workers, visiting homemakers, etc.
- * allow the Pay Equity Tribunal to function as a "Court of Last Resort to establish male comparators where none of the above remedies apply.

CUPE's Judy D'Arcy, now a co-chair of the OFL's Women's Committee, will be co-ordinating the OFL September campaign around the theme "One million are denied pay equity; they shouldn't have to wait any longer!"

Robin Rowe, National Coordinator of CARAL, spoke on Choice and the historic struggle culminating in the removal of abortion from the Criminal Code. CARAL realized the next battle would be to keep abortion from being put back into the Criminal Code. In the midst of the pro-legislation backlash which immediately followed the Morgentaler decision, the NDP decided to come out against any new criminal law for abortion, a position which is consistent with the Party's long-time pro-choice policy. Regrettably, two NDP MPs did vote for the Tories' abortion resolution.

CARAL's other major goal is to improve the inequitable system of access to abortion across Canada.

In Alberta and New Brunswick, an abortion will be paid for by the Province if approved by 2 doctors and performed in a hospital. In Saskatchewan, there is the further requirement that the case be life-threatening or involve "medical necessity". In Manitoba, the government will pay for hospital abortions but not in clinics. In BC, Quebec and Ontario the Province will partially pay for clinic abortions. Newfoundland will pay for an abortion deemed medically necessary and the one hospital that performs abortion on a regular basis requires the approval of a gynaecologist, a psychiatrist, a social worker and counselling by a registered nurse. In PEI, no hospitals are willing to provide abortions.

Access to abortion for Canadian women remains concentrated in a few urban centres -- 1 hospital in Winnipeg and 1 in Halifax, for example, each perform 85% of the abortions in their respective provinces. Many hospitals refuse to offer abortions to women from outside the hospital's geographic catchment area. Free-standing clinics, now legal, remain a vital element in improving the access problem, and 4 new clinics (1 in Vancouver, 1 in Toronto and 2 in Montreal) and the reopening of the Morgentaler clinic in Winnipeg since the Supreme Court decision are bright spots in the access picture.

The Canada Health Act requires insured services to be universal, accessible, comprehensive and portable, and CARAL's position -- also the position of the NDP -- is that the federal government should be using the Act to penalize provinces which are not conforming to these legal standards in the case of abortion.

Left Caucus newsletter

Summer 1989
Vol. 3 No. 2



If Mulroney submits a new abortion bill to the House, he plans a free vote. Some NDP members do not support the NDP policy on Choice. Each member of the NDP has to urge that free choice and the personal conscience of a woman requesting an abortion should reign supreme. This fall, join the nation-wide march to campaign for "No New Law" on abortion.

Regula Modlich, a professional town planner, outlined the activities carried out by an activist collective called "Planning the Community for Women". They campaign for safer, accessible transportation that is user-friendly to pregnant women, toddlers and shopping mothers.

Ms Modlich encouraged citizen participation in public community planning and council meetings to see that the needs of women are one of the major foci of all development and revision of public facilities.

Laurel Rothman of the Ontario Coalition for Better Day-care outlined the history of the day care movement and its goals for comprehensive, fully funded day care services, not a welfare program.

The much touted Federal Day Care Act (Bill C144) died with the call for the election. Provincial and municipal governments seem unwilling to meet the needs of working women for quality, affordable, accessible day care.

There is only space for just one child for every 10 that apply.

The daycare coalition continues to struggle for: more dollars for community day care; open-ended funding; national objectives to ensure high quality, comprehensive care; and increase in provincial funds to cover the needs of all children on the waiting list.

On sexual harassment

By Lois M. Stuart

Broadview-Greenwood NDP

An April 26/89 Globe and Mail letter by Constance Backhouse says, "I have watched with amazement the furor over the University of Toronto sexual harassment incident involving the professor's ogling women in the swimming pool. Who would ever have guessed that the right to ' leer' would be publicly sanctified by so many?"

Sexual harassment complaints are ridiculed and reviled -- even though some threaten home and job -- for the same reason that all MP's, except NDP ones, laughed when Margaret Mitchell exposed the prevalence of wife battering in Canada, typifying the general societal contempt for women that even our soi disant "enlightened", "civilized" culture has been unable to eradicate.

This contempt leads to everything from the patronizing pat on Iona Campagnola's behind by John Turner to the appalling statistics implicating husbands, lovers and "exes" in almost half of all murders committed.

The same contempt produces laws which punish molesters of boys more harshly than molesters of girls, even though girls are molested and/or sexually abused 2.5 times more often than boys, almost always in more seriously traumatic ways.

Our very language encourages contempt, as it abounds in dreadful words for women, but almost none for men. Have you ever heard of a male slut, bimbo or battleaxe? Even the phrase son of a bitch is an attack on a male's mother, not himself.

"Women's work" jobs, such as caring for children, are denigrated, and promotion in all areas of work is denied to women.

Sexual harassment and other discriminatory practices are experienced by all women to varying degrees. We cannot call ourselves socialists unless we work to mitigate and eliminate the weighty burdens carried by half the human race as fervently as we propose our socialist principles.

The NDP has opposed the contempt that lies behind women's problems by espousing affirmative action and abor-

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Harassment hurts

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tion rights policies, and has been publicly acknowledged by the NAC leadership. As with labor, however, we socialists and leaders in the NDP, facing ominous, fanatic, new anti-feminist, racist, anti-labor groups growing in voice and aggression, must use all our skill and strength to convince rank-and-file feminists, other women, ethnic groups and rank-and-file workers of both sexes that their best interests lie with us. We must get their help to bring about our desired socialist, feminist, non-racist society in which equality replaces exploitation, words vanquish weapons, and love triumphs over hate.

Left Caucus newsletter

Oct.-Nov. 1989

Vol. 2 No. 5

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Published by the Steering Committee
of the ONDP Left Caucus
Station M, Box 107, Toronto

NDP must be voice for abortion choice

By Kristina Montes Saier

Ontario Coalition for Abortion Clinics

The fundamental right of women to make reproductive choices is again under attack by the federal government. It is threatening to bring back a restrictive criminal law sometime this fall.

Such a law would severely contradict the Supreme Court of Canada's landmark decision on abortion in 1988 striking down the old criminal law as inequitable and unfair. Women are not criminals!

Any new abortion law is an infringement on a wom-

an's right to make her own decision. Forcing women to carry an unwanted pregnancy to term amounts to reproductive slavery.

Chantal Daigle clearly understood this point. The Daigle case, in which a disgruntled boyfriend used an injunction to prevent her from having an abortion, encompassed the broader issue of state control over a woman's life -- hampering her ability to live and work as she chooses and endangering her health by preventing an early abortion.

Moreover, the Daigle injunction was nothing more than a covert, nasty form of sexual harassment. Must women suffer such humiliation at the hands of men and the state? Is this equality?

Free and equal access to abortion is an essential precondition of women being able to control their bodies and their lives. Abortion must be a matter of health policy, not criminal law. Both levels of government must provide the resources so that every woman has prompt access to abortion and all other needed reproductive care in her own community. This means improving care in hospitals. Most importantly a network of publicly funded women's reproductive health centres should provide not only

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Campaign against re-criminalization of abortion.

Fight against abortion criminalization!

abortion services and counselling but also midwifery, birth control, sexuality counselling and care for the full spectrum of women's reproductive lives.

We know that without free and equal access it is women of color, poor women and those from under serviced regions that suffer the most. Governments have to move quickly to overcome these barriers. At the federal level, NDP policy calls for implementation of the Canada Health Act to ensure that provinces provide free abortions as an essential service. Nothing less is acceptable.

Here in Ontario the government introduced Bill 147, the Independent Health Facilities Act. However, this bill will hinder rather than facilitate setting up community clinics. It will also allow commercial and foreign-owned clinics. The history of child care and nursing homes shows the poor quality care and unequal access that can result. More ominously, the bill could be used to shut down Choices in Health, the third free-standing clinic established in Toronto. The government must be told that the women's movement, the labor movement and the NDP will

never allow this.

The federal government has never said why it needs a new criminal law. If it wants to prevent late abortions, the answer is clear: provide equal and timely access to early abortion. If the purpose is to guarantee high quality care, as it should be, then this can be secured in the same way as any other service: provide adequate facilities and resources. So what is needed is not criminal regulation but government commitment to woman's health and equality. And that is really what is at issue here. A criminal law is all about regulating women's bodies and denying choice. This is why we reject such a law totally.

The NDP has traditionally taken a pro-choice stand. Now more than ever it is necessary to mobilize, march, demonstrate with our supporters across the country. Your body is a battleground! Don't lose the right to choose! Demonstrate the day following introduction of a new law at Tory Party Headquarters, 121 Richmond St. West at 5:30 p.m.

In Toronto, for more info call OCAC at 969-8463.

LEFT CAUCUS NEWSLETTER

Summer 1992

Vol. 5 Vol. No. 1

Health Care Reform Threatens Women

By Lois Bédard
(High Park-Swansea)

During both World War I and World War II women in Canada entered into the paid work force in large numbers. In each case, after the armistice, women were forced back into the home and out of paid employment. After all, women have always served as a pool of surplus labour in capitalist society, but our primary function has always remained that of unpaid domestic labour designed to reproduce and nurture the new generation and to restore the tired workman to the daily workforce fed, clothed and ready to produce.

Subsidies for daycare ended in 1946. The only personal discretionary financial funds in the hands of the women in the home was the Childcare Allowance cheque addressed to her personally to her home. That small progressive recognition has now been withdrawn by the present Tory government. Daycare is being dismantled and the National Daycare Program summarily discarded.

But the cutbacks to daycare funding are but one part of a much broader agenda and larger assault on women's gains. The aim is to pass off onto the family, and specifically women, the costs and responsibility of those social services which our various levels of government

even if they happen to have to work. We are told women need to spend more time with their children, instead of expecting daycare which is looked on as inadequate at best and harmful at worst. Mothers, we hear, ought to assume more responsibility for their kids' education, instead of leaving it to teachers and the schools, which are being attacked more and more as incompetent.

Now, on top of all this, comes the restructuring of our health care system. But what will these "reforms" really mean? What will be their actual effect?

Who is going to provide the care for the de-institutionalized relative in chronic care or a seniors' nursing home? The family. Where are the ill and elderly relatives going to get the assistance they need? In the home. And who is going to provide this paraprofessional service? The female members of the family, of course.

Why is this happening?

Health care costs in Ontario are

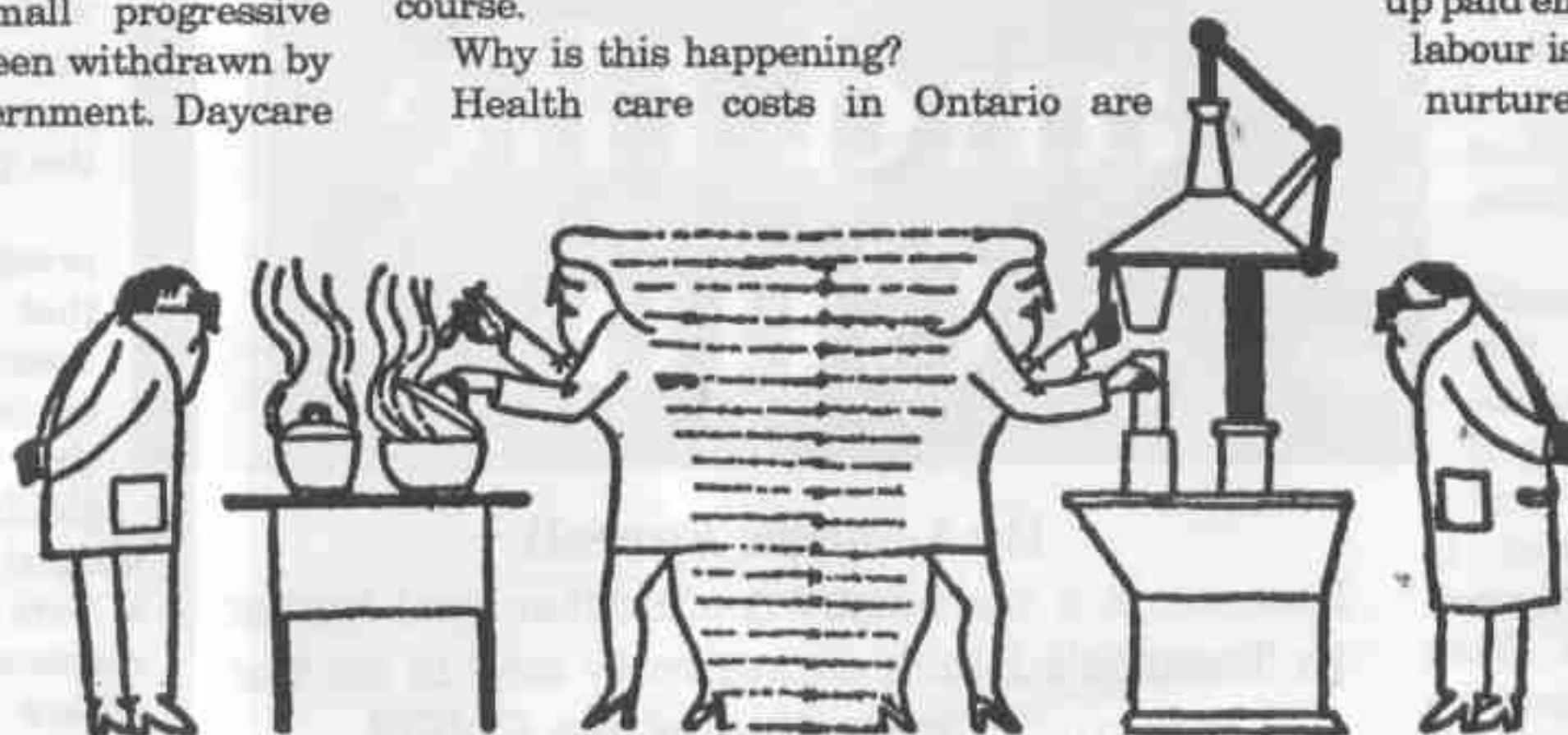
built to accommodate both the nuclear family and the disabled or ill relatives. The city home usually can't care for the wandering Alzheimer sister. The uncle recovering in a wheelchair from heart surgery can't be physically provided for in a town-house or crowded apartment.

And again, who is expected to be the care giver? Most families have both parents working to try to meet the costs of housing, feeding, clothing, and nourishing the existing family unit. Many other households are managed by single parents--mostly women--who are often out of the home during the working day. Are the costs and efforts of caring for the ill and the elderly to be simply added on to women's already starved resources?

Visiting public health nurses and itinerant home-care helpers may provide some services, but who will provide the regular routines of shopping, meal preparation, laundry, mending etc.? Do we assume that women now employed in nursing homes and chronic care hospitals will provide the necessary attendant services in the community without a fee for service? During the current capitalist downturn, do we assume that skilled women and men will give up paid employment when their labour is needed at home to nurture the extended family?

And if and when the economy rebounds, who will replace these unpaid home-care workers when they are called to re-enter the gainfully employed sector?

Men and women want to live up to their full potential. In the 21st Century women want to share in the joys and pleasures of a full life knowing that their loved ones are properly cared for



rising faster than the amount of tax dollars allocated to pay the bill. One solution is to increase the pool of tax dollars by taxing profitable corporations and banks that are not currently taxed

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Health Care Reform Threatens Women

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have provided to one degree or another until now and which they are now eliminating or curtailing.

In this planned recessionary period of high unemployment the majority of jobs available are low paid, non-union, service-oriented jobs in lieu of unionized, full-time, manufacturing work. The two-waged family is suffering a major drop in income. All the while, it remains saddled with long-term locked-in high-cost mortgages, escalating tuition fees for post-secondary education, along with rising municipal taxes forced on it by the Tories' unilateral withdrawal from negotiated shared tax transfers. The family is further stressed by the daily application of the GST and PST on basic needs. This distressed economic unit—the family—faces plant closures and job losses, limited severance pay, and decreased unemployment insurance.

Against this bleak economic backdrop, we are hearing more and more—in the media, in advertising, in our educational institutions, from the pulpit and from the political podium—the message that women's first place is in the home,

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or that are undertaxed. Another solution is to decrease health costs.

Where are costs most amenable to redirection or reduction? Can we show statistically where the tax dollars for health care are disproportionately allocated? Having so determined, can we institute reforms to control costs?

The ONDP is continuing to examine community-based alternatives to institutional health care originally proposed by the previous Liberal government. But is it wise to now be closing down existing institutions while we are still only examining the delivery of community health care alternatives? Closing down overburdened health care facilities while other services are not yet in place will only lead to the privatization of health institutions and eliminate their co-ordinated integration under OHIP.

If there are now insufficient nursing home beds and chronic care beds available to meet the current needs, how are we going to care for the growing number of elderly citizens many of whom will be ill or debilitated. In family homes?

In today's cities family homes are not

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in appropriate surroundings.

Before any institutions are taken out from under the public service umbrella, we need to have on stream appropriate community health services with designated staff and resources. Nor can such important and fundamental change be successfully carried through by bureaucratic fiat. Such a transition requires that each community work with representatives of the community's various clients, with the wide range of paraprofessionals, as well as with all health professionals in the institutions and in the community to plan out its implementation. Appropriate timetables need to be set up to prepare for a smooth transition before any institutions are fundamentally altered.

Without such a careful and collective method of transforming health care in this province, the current reforms will result in just one more burden on our overextended families. And they risk reinforcing the trend to unload the state's social responsibilities—childcare, education, and health—back onto women's shoulders.

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Make RU-486 Available in Canada

Despite ever-increasing attacks by rightwing "pro-Life" forces, the Canadian pro-choice movement has succeeded in keeping abortion out of the Criminal Code, keeping abortion clinics running, and otherwise defending women's right to control their bodies. While we need to maintain surgical abortion available to women, medical science will inevitably develop other means for women to control their reproduction. One such advance is the drug RU486, which has been available in Europe but has thus far been kept out of North America.

In support of the campaign to make RU 486 available in Canada, the Left Caucus is reprinting the following information.

What is RU 486?

RU 486 (or Mifepristone) is a steroid hormone similar in structure to the natural hormone progesterone. Invented in 1980 by Dr. Etienne-Emile Baulieu for the French pharmaceutical company Roussel-Uclaf, RU 486 is the first of a new generation of birth control drugs called "antiprogestins", considered to be a breakthrough to birth control technology.

How does RU 486 work?

In a woman's body, the natural hormone known as progesterone is essential for establishing and maintaining a pregnancy. RU 486 is a progesterone antagonist (an "antiprogestin").

Will RU 486 completely replace surgical abortion?

No. The RU 486 regime works only during the first 9 weeks of pregnancy, or up to 63 days from the start of the woman's last menstrual period. After this time, the woman's own progesterone level is apparently too great to be affected by the drug.

What is the background of RU 486?

Early trials found that RU 486, when taken alone, acted very slowly and had a significant failure rate. In order to improve its effectiveness, Roussel's investigators began to combine RU 486 with a follow-up dose of prostaglandin. (Prostaglandins have been widely used since 1970 to induce uterine contractions.) The improvement was dramatic; prostaglandins were found to complement the actions of RU 486.

Over the last decade, dozens of clinical studies on RU 486 have been conducted with thousands of women in over 20 countries, including France, Britain, Spain, Germany, the Netherlands, Switzerland, the U.S., Scandinavia, and the former Soviet Union. To date, RU 486 has been used by over 100,000 women in Europe alone.

Where is RU 486 being used today?

RU 486 in combination with a prostaglandin has been

widely used in France since 1989 for pregnancies up to 7 weeks, and now accounts for one in three French abortions. In 1991, RU 486 was approved for use in Britain for pregnancies up to 9 weeks duration. Sweden was the next country to be licensed to market the drug and negotiations are in progress for the other Scandinavian countries and the Netherlands. The Chinese are now using RU 486 (in possible breach of the patent), and their numbers are not included in the research totals.

Pressure from the anti-choice movement has succeeded in keeping RU 486 out of the United States for the foreseeable future. Roussel-Uclaf has been much criticized for its timidity in not encouraging the development of RU 486 for use there or elsewhere.

RU 486 IS NOT AVAILABLE IN CANADA.

What if RU 486 is made available in Canada?

RU 486 is effective during the first 9 weeks of pregnancy. Over 35,000 Canadian women a year have abortions during the first 9 weeks or half of all women having abortions. If RU 486 is made available in Canada, it could benefit thousands of women every year.

Is RU 486 a "do-it-yourself" abortion pill?

No. At the present time, an RU 486/prostaglandin abortion is a three or four step regimen performed under close medical supervision at specifically authorized medical centres. Further trials may result in the simplification of this process, but a certain degree of medical supervision will remain necessary.

How is RU 486 administered?

A woman must visit an approved clinic for a physical examination and pregnancy test. Her medical history is screened to determine if there is any reason why the drug should not be used in her case. (In those countries with laws which stipulate a waiting period for abortion, a woman must leave the centre and return after the waiting period has expired.)

At this point she is given RU 486 in tablet form (usually three pills of 200 mg. each) and swallows them in the presence of a nurse or doctor before leaving the clinic. (Most women begin to bleed the day after taking RU 486.)

The woman must return to the clinic after 48 hours to receive the prostaglandin which will complete the abortion. (In the future it may become possible to avoid this separate clinic visit to administer the prostaglandin.) The woman stays at the clinic for the next 4 to 6 hours. Most (up to 90%) abort there; the rest will abort later at home.

The woman must return several days later for a physician's examination to make sure the abortion is

complete and to determine if she has experienced any side effects. Bleeding, similar to a heavy period, usually lasts from 7 to 12 days.

What are the side effects of RU 486?

Common side effects include bleeding, abdominal pain and cramping and possibly some nausea, vomiting or diarrhea from the prostaglandin. (New trials using the prostaglandin Cytotec have resulted in a significant reduction in these side effects.)

Studies have found that blood loss and pain from an RU 486 abortion are no greater than from a surgical abortion. Women needing painkillers are given analgesics. About one percent of women who take the drug combination experience heavy bleeding which requires further treatment.

Clinical studies on RU 486 revealed that incomplete abortion occurred in 2-3% of cases and that pregnancy

persisted in 1%. These women then required surgical abortions.

How effective is RU 486?

RU 486, in conjunction with a prostaglandin, is 96% effective in inducing abortion during the first 9 weeks of pregnancy.

How safe is RU 486?

Studies so far show RU 486/prostaglandin abortions to be safe, with a low of number of complications. Taking into account the numbers of women who have used the regimen, the rate of adverse occurrences is low compared to other drugs or medical procedures.

What about long-term health risks?

Extensive clinical tests since 1982 have not revealed
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Support Abortion Pill Campaign

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any evidence of long-term health effects on women who use RU 486, and such effects appear unlikely given the very short time women are exposed to the drug.

What are the disadvantages of RU 486?

RU 486 is only effective during the earliest weeks of pregnancy, a time when many women do not yet know they are pregnant.

RU 486 takes longer than a surgical abortion. A vacuum aspiration abortion is done in 15 minutes, whereas RU 486 takes two days or more and, at present, requires two trips to the clinic for the abortion itself.

As a relatively new procedure, the long-term safety of RU 486 cannot yet be confirmed.

What are the advantages of RU 486?

RU 486 can be administered to a woman as soon as she knows that she is pregnant and wants to have an abortion. By contrast, a woman must wait until the 6th-8th week before she is able to have a vacuum aspiration abortion.

Pregnancy termination with RU 486 is non-surgical, requires no anesthesia and puts women at no risk of perforation, damage to the cervix or infection from instruments.

Most women prefer RU 486 because it allows them greater psychological control over the termination of pregnancy.

RU 486 can make abortion a more private experience. Women are usually alone when they abort.

RU 486 has the potential to make

abortion more accessible. Administering it does not require the same level of specialized medical expertise or time as surgical abortion. Furthermore, RU 486 should eventually be cheaper than a surgical abortion.

RU 486 has tremendous potential for use in developing countries where hundreds of thousands of women each year are injured or die from unsafe abortions.

How has the medical science community reacted to RU 486?

The international medical science community has formally recognized the importance of RU 486 and supported its testing. Dr. Etienne-Emile Baulieu won the coveted Lasker Prize in 1989 for discovering RU 486.

How have anti-abortion groups reacted to RU 486?

Not surprisingly, the anti-choice lobby has reacted strongly against RU 486, and has been effective in curtailing its availability even for medical research into the drug's other applications. Opponents of abortion have threatened boycotts against Roussel and its German parent company, Hoechst A.G., as well as against any pharmaceutical company which would seek to license RU 486. In October 1988, after some company employees had received death threats, Roussel abruptly withdrew the new drug from the market in France; however, the French government promptly forced its return. The anti-choice lobby has been especially successful in the U.S. where the Food and Drug Administration enacted an import alert against RU 486.

How has the women's movement

reacted to RU 486?

So far, feminist groups have strongly supported the testing of RU 486 as a promising development in the much-threatened area of women's reproductive choice. They see RU 486 as a significant medical breakthrough which has the potential to improve the health of women around the world.

A few feminists have criticized RU 486 and painted the drug as a cumbersome and risky medication. According to feminists supporters of RU 486, these criticisms seem to be premised on a more general, ideological opposition to all hormone-related drugs and new reproductive technologies. While acknowledging that RU 486 is not yet perfect, its supporters contend that with more research, experience and usage, it will be improved, easier to use and have fewer side effects.

What can I do to have RU 486 tested for use in Canada?

1. You can contact Hoechst-Roussel Canada, which has not made this breakthrough drug available to Canadian women. Encourage the company to allow Canadian trials of RU 486 as a significant alternative to surgical abortion. Write to: Mr. Don Buxton, President, Hoechst-Roussel Canada Inc., 4045 Cote Vertu, Montreal, Quebec, M4R 2E8.

2. Sign the Canadian Abortion Rights Action League (CARAL) petition to request that Canada enforce "the policy of use or lose" the patent held by Roussel-Uclaf in Canada.

3. Help circulate the CARAL petition at the ONDP convention, in your riding, in your union local—wherever.